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Approved For Release 2001/11/19 : CIA-RDP78-04163R000100110009-0

22 April 1975

MEMORANDUM FOR: Director of Medical Services

SUBJECT : Xeromammography Program

Pursuant to your request, the following information is provided concerning the Xeromammography Program.

1. For sometime the Office of Medical Services has felt the need for the addition of a specialized technique for the early detection of problems related to the female breast. As a FY 1975 MBO, the Selection Processing Division explored the advisability of performing a relatively new form of radiologic breast examination which is known as Xeromammography. After due consideration, it was determined that this capability would add a most useful tool to OMS's technological diagnostic expertise.
2. Since such a specialized procedure is not available generally, and more specifically not at overseas posts, the first priority was the female dependent wives and employees going overseas who in the majority of instances were within the 35 to 50 year age group where the breast related abnormalities are most prevalent. In the initial stage it has been offered on a voluntary basis to this group. The response by our dependent wives can only be described as enthusiastic and one of total acceptance.
3. During the first month (March 1975) that this procedure was available, SPD/OMS performed 51 examinations and was able to identify two very questionable breast lesions. As a result, both patients had breast biopsies and fortunately neither was malignant. Considering both patients were dependent wives, these lesions would most likely have been detected sometime during their overseas tour, and medical evacuation might well have been required. In view of the prevention of such disruption to family and Agency business, OMS considers this procedure a most worthwhile endeavor.

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4. It is anticipated that Xeromammography will become a permanent ongoing procedure and will eventually be made available on a need basis to all Agency female employees.



Chief, Selection Processing Division  
Office of Medical Services

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<b>Remarks:</b> <p><i>Pursuant to your suggestion attached is a brief summary of our Xeromammography Program as described by [REDACTED] for your considered forwarding to the [REDACTED]</i></p>							
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FROM: NAME, ADDRESS AND PHONE NO.						DATE	
Director of Medical Services						25Apr75	
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